

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION: | INITIALS | ID NO. | DATE |
|---------------------------|----------|------------|----------------------|
| FEE DETERMINATION | SR | | 8-31-01 |
| O.I.P.E. CLASSIFIER | | 72 | 7/2/01 |
| FORMALITY REVIEW | HT | | |
| RESPONSE FORMALITY REVIEW | HT | 535 825 | 10-03-01 12/06/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 1/23/03 |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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